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BOROUGH OF OSSETT.

A N N U A L R E P O R T
OF THE
MEDICAL OFFICER OF HEALTH.

for the year ended

DECEMBER 31st. 1953.

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B O R O U G H O F O S S E T T

PUBLIC HEALTH COMMITTEE.

CHAIRMAN :- Alderman S.E. Bickle.

MEMBERS :-

Alderman	A. Clark.
Alderman	J.W. Gill.
Alderman	G.F. Wilson, J.P.
Councillor	Mrs. H. Crossland, J.P.
Councillor	G.T. Fisher.
Councillor	A.B. Glover.
Councillor	Mrs. G. Hanson, J.P.
Councillor	C.C. Hitch.
Councillor	G. Moorhouse.
Councillor	E.B. Nettleton, J.P.
Councillor	H. Smith.
Councillor	L.R. Smith.
Councillor	J.R. Vickers.
Councillor	C.P. Wilson.

CO-OPTED MEMBERS OF THE HEALTH COMMITTEE :-

Mrs. A. Clark.

Mrs. J.W. Gill, J.P.

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PUBLIC HEALTH DEPARTMENT STAFF :-

Medical Officer of Health :-

WILLIAM GORONWY EVANS, M.A., M.B., B.Ch., M.R.C.S.,
L.R.C.P., D.P.H.

(Resigned February, 1954).

Acting Medical Officer of Health :-

(From February, 1954)

FREDERICK G.E. HILL, D.S.O., M.B., Ch.B., D.P.H.

Assistant County Medical Officer :-

IRENE HARGREAVES, M.B., Ch.B.

Chief Sanitary Inspector and Cleansing Superintendent :-

F.T. HARRISON, M.S.I.A., C.R.S.I.

(Resigned 1954).

H.W. MYCOCK, C.S.I.B., A.R.S.I., M.R.I.P.H.H.

(Appointed 1954).

Additional Sanitary Inspector :-

D. BENNETT, C.S.I.B.

INTRODUCTORY STATEMENT.

To the Chairman and Members of the Public Health Committee.

I have the honour to present to you the Annual Report of the Medical Officer of Health for the year ended 31st December, 1953.

Your Medical Officer of Health for that year, resigned his appointment late in 1953 and his services to the Authority terminated in February, 1954.

In view of the proposals made by the West Riding County Council at that time, proposals which involved the amalgamation of Divisions 13 and 14 of the Divisional Scheme of Administration of Health Services in the County, no permanent appointment of Medical Officer to your Authority has been made, and I have acted as Medical Officer of Health to the Borough of Ossett and also to the other joined Authorities in Division 13, that is, the Urban District of Horbury and the Rural District of Wakefield. I have acted as Divisional Medical Officer of the Division 13 for the Local Health Authority.

Additionally, I have continued in my appointment of Medical Officer of Health of the Borough of Morley and Divisional Medical Officer, Division 14.

The proposals of the County Council are concerned almost exclusively with administration. No alteration or modification of existing Welfare Services is proposed or contemplated. The two present Divisional Offices will be merged in one Divisional Office and the clerical staffs (a reduced establishment) will attend at the Divisional Office.

An economy in Divisional Medical Staff is proposed, but this again is an administrative economy and not any curtailment of present essential services.

The proposal of the County Council is in accordance with and as a part of a longer term policy which has been adopted, to reduce, as and when the opportunity arises, the overall number of Divisions in the area of the Administrative County of the West Riding.

The proposals of the County have been accepted by the Ministry of Housing and Local Government, subject to a review early in 1955.

With reference to this Annual Report, the year under review was a year in which I had no personal knowledge of the detail of the Health Services in Ossett. Because of this, my comments here and in the body of the Report are of necessity, based upon information afforded to me either from enquiry or from statistics recorded in the Department.

Substantially, the position described in the body of this Report differs little from the position as indicated in your Annual Reports for recent years.

Vital statistics given for Ossett for the year show little deviation from recent years and are closely comparable with National Returns.

In general an improved and favourable trend is again recorded.

There is little to comment on in the incidence, distribution and trends of infectious diseases in 1953.

Measles was prevalent (237 cases reported) and this is in accordance with general experience where the disease tends to become prevalent with a new group of susceptible coming to the usual age contracting this disease. There was some prevalence of Whooping Cough (31 cases reported) and a lesser prevalence of Scarlet Fever (15 cases).

12 cases of Food Poisoning were notified to the Department. Food Poisoning has become a more common disease in recent years and the numbers of outbreaks in the country tend to increase.

This is related to changed habits of taking meals and also of preparing meals.

Of the cases which came under observation, in no case was serious illness reported and there were no deaths.

Attention is drawn to the rather low figures for Diphtheria immunisation (again referred to in the Report).

Protective treatment against Whooping Cough is now available for children up to 4 years of age and the County Council have now a scheme approved, to offer protective treatment against Tuberculosis (B.C.G. vaccination) to selected groups of school children (children in the 13 year of age).

All of the Welfare Services of the Local Health Authority have continued in efficient operation during 1953 and it's noted that the Divisional establishment of Home Helps has again been increased.

It is satisfactory to see that the returns for the Ante- and Post-Natal Clinics in Ossett, show that attendances have been well maintained during 1953. Unfortunately, in many Local Authority Maternity Clinics, attendances have been falling away, mainly because of alternative arrangements for expectant mothers which have been made through the National Health Service.

Finally, a reference to houses; the National policy now requires a greater attention to be paid to the clearance of unfit houses. Local Authorities are required to report in 1955 a detailed statement of the local housing position and also to submit proposals for dealing with unfit houses, related to a period of years.


A detailed re-survey of the Borough will be called for and a schedule prepared of the unfit houses. At the same time, proposals will have to be made in the general frame-work of the Ministry's approved housing allocation and of local building resources.

In conclusion, I wish to thank the Council for their understanding and support during the period I have served the Ossett Authority and to express my thanks to my colleagues for their ready and helpful co-operation.

I am,

Your obedient servant,

FREDERICK G.E. HILL.



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SECTION A

GENERAL STATISTICS OF THE DISTRICT.

AREA :- 3,332 acres.

POPULATION :- Registrar-General's estimate, Mid. 1953 :-
14,500.

Number of inhabited houses (according to rate books):- 4,832.

Rateable value (December 3rd. 1953) :-

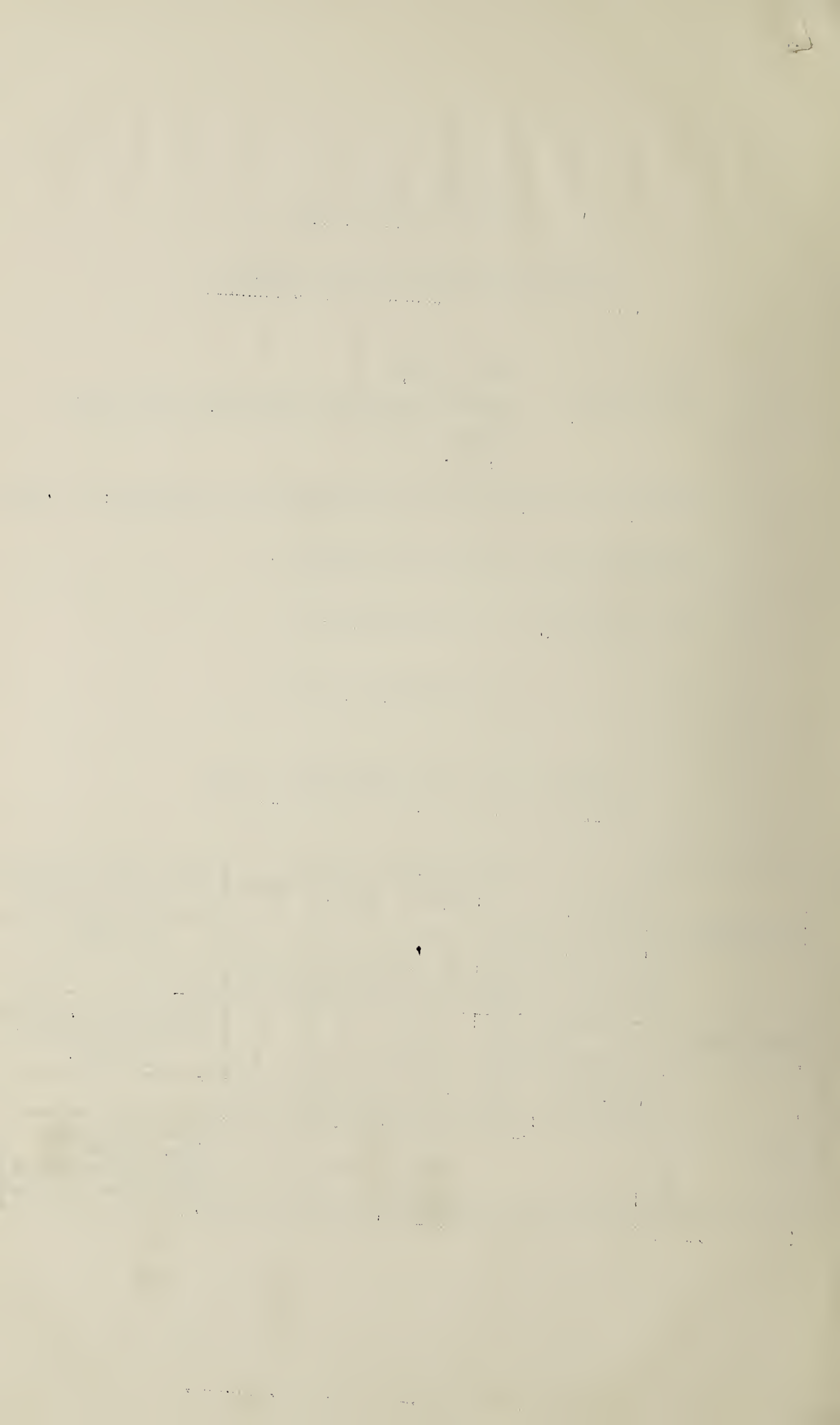
Sum represented by a penny rate :-

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EXTRACT FROM VITAL STATISTICS - 1953

LIVE BIRTHS	Legitimate	<u>Males</u> 113	<u>Females</u> 104	<u>Total</u> 217	Birth-rate per 1000 of the estimated resident population = 15.8
	Illegitimate	7	5	12	
	TOTALS :	120	109	229	
STILL BIRTHS	Legitimate	6	4	10	Rate per 1,000 live and still-births = 45.8
	Illegitimate	0	1	1	
	TOTALS :	6	5	11	
DEATHS		84	93	177	Death rate per 1,000 of the estimated resident population = 12.2

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T A B L E I

CAUSES OF DEATH AND AGE DISTRIBUTION :-

CAUSE OF DEATH	Under 1 Yr		1 - 4		5 - 14		15 - 29		30 - 44		45 - 59		60 - 74		75 and over		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis, respiratory	-	-	-	-	-	-	1	1	-	-	-	-	1	-	-	-	2	1
Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-
Cancer	-	-	-	-	-	1	-	-	-	-	3	2	3	5	-	4	7	11
Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Coronary disease, angina	-	-	-	-	-	-	-	-	-	-	3	1	3	6	3	7	9	14
Other Heart and Circulatory diseases	-	-	-	-	-	-	1	1	-	-	6	-	11	11	15	30	33	42
Influenza	-	-	-	-	-	-	-	-	1	1	1	-	2	-	-	-	3	1
Pneumonia, Bronchitis and other Respiratory diseases.	-	-	-	-	-	-	-	-	-	-	5	-	10	2	3	3	18	5
Nephritis and Nephrosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1
Enlarged Prostate	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-
Ulcer of Stomach	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-
Other diseases	-	2	-	-	-	-	-	-	-	-	2	2	2	3	1	5	5	12
Motor Vehicle accident	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other accidents	-	-	-	-	-	1	-	-	-	-	-	-	1	1	-	2	-	4
Suicide	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1
TOTAL, all causes	-	2	-	-	-	1	2	2	1	1	20	5	35	30	26	52	84	93

INFANT MORTALITY .

T A B L E I I

NET DEATHS FROM STATED CAUSES UNDER ONE YEAR :- 2.

CAUSE OF DEATH	Under 1 week.	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	Total under 1 Month	1 - 3 Months	3 - 6 Months	6 - 9 Months	9 - 12 Months	Total under 1 Year
Hydrocephalus	-	-	-	-	-	-	-	-	1	1
Extreme Prematurity	1	-	-	-	1	-	-	-	-	1
TOTALS	1	-	-	-	1	-	-	-	-	2

T A B L E L I I I

STATISTICS FOR THE DISTRICT, 1948 - 1953.

	Population	Birth Rate.	Death Rate.	Infant Deaths	Infant Mortality Rate.	Still Birth Rate.
1948	14,690	18.7	11.4	7	26	35
1949	14,720	16.0	13.9	9	38	25
1950	14,800	15.9	14.7	16	68	45
1951	14,480	15.4	16.0	6	26.9	13
1952	14,440	19.9	14.2	13	45.3	13.7
1953	14,500	15.8	12.2	2	8.7	45.8

THE HEALTH SERVICES IN THE BOROUGH.

LABORATORY FACILITIES.

Samples and specimens taken for examination, bacteriological and chemical, are sent to the Public Health Laboratory at Wakefield. This Public Health Laboratory is housed in the County Medical Officer's Department at Wakefield. A wide variety of specimens are sent to this laboratory for examination. They include water samples, food samples, and specimens obtained from patients, chiefly in connection with the diagnosis and control of infectious diseases. The facilities of this laboratory are always freely available to the Health Department Staffs of Local Authorities. The Staff of the Department co-operates with the Health Department Staff, with advice and in other ways.

AMBULANCE FACILITIES.

The ambulance service, for infectious and for general illness, is provided by the Local Health Authority - that is, the West Riding County Council.

During the year under review, this ambulance service has been able to meet all local calls, and consequently has been adequate and efficient in so far as this area is concerned.

ISOLATION HOSPITAL ACCOMMODATION.

Cases of infectious illness occurring in Ossett and requiring Hospital treatment are in general admitted to the Snapethorpe Isolation Hospital, Wakefield. Additionally, accommodation is available, when special indications for this exist, at Seacroft Isolation Hospital, Leeds, and elsewhere. In some cases, where remedial after-treatment is necessary, cases are sent or transferred from Isolation Hospital to the Orthopaedic unit at Pinderfields Hospital.

There has been no undue incidence of infectious illness during the year under review and the provision of hospital beds has been quite adequate for the cases requiring hospital isolation or treatment.

GENERAL HOSPITAL ACCOMMODATION.

Patients from this area are admitted to the County General Hospital at Staincliffe and to the General and Special Hospitals in the neighbouring County Boroughs and elsewhere.

There is satisfactory accommodation available for acute sick cases and for emergency sick cases, and there is no difficulty in securing beds for these patients.

With regard to elderly chronic sick, improvements in the arrangements for the admission of such patients has been effected and the system of admission on priorities determined by a senior member of the Hospital Staff would appear to have been effective in improving the position.

Part III accommodation still remains a more difficult problem, although here the position has been eased to some degree by the increased establishment of Home Helps now available for employment in the homes of the elderly infirm and elderly chronic sick.

DOMICILIARY NURSING SERVICE.

Home nursing services are provided by the West Riding County Council and at present 6 Home Nurses are allocated to Division 13 of whom 2 are resident and mainly employed in Ossett. There is one whole-time Relief Nurse who works through the Division.

Returns in the Divisional Office show that the Home Nurses attended 282 individual cases during the year and that 5,521 visits were made to these 282 cases.

A summary of the work carried out is shown in the following table :-

<u>NATURE OF CASE.</u>	<u>NUMBER TREATED.</u>
Medical conditions.....	175
Surgical conditions.....	102
Infectious diseases.....	1
Tuberculosis.....	3
Maternity.....	1
<u>TOTAL</u>	<u>282</u>

There has been no change in the general arrangements for this service in the year under review.

MATERNITY SERVICES.

(a) Institutional.

Maternity cases wanting institutional accommodation are, for the most part, admitted to Staincliffe County Hospital.

There is accommodation available in other lying-in institutions and all patients requesting this accommodation have had bookings in 1953.

Accommodation is always readily available for emergency cases, and this has been the position during the year again.

There were 240 notified births in 1953 and of these 123 were accommodated in institutional beds - a percentage of 51.2. This shows a slight falling away from last year's figure of 55.3 similarly accommodated.

The average catered for in the provision of beds is 50, although there has been a tendency in recent years for the number to increase. This tendency has been discouraged, but bad housing conditions, overcrowding, and lack of domestic amenities in many areas, will continue to influence local demand for some time yet.

(b) Domiciliary Midwifery.

This again is a responsibility of the Local Health Authority. From the Divisional Staff, three midwives are attached to Ossett and one resident in the Borough.

There were 117 domiciliary confinements in 1953, representing 48.8% of the total births notified.

All midwives working in the Borough are trained in the use of gas and air administration for confinements and this was offered to all the cases confined at home.

There were 91 acceptances of this treatment in the 117 cases under review here.

PRE- AND POST-NATAL CLINICS.

The pre-natal and post-natal clinics for Ossett residents are held weekly in Croft House (Friday afternoon sessions). The attendances (including average attendances) were good and well sustained throughout the year. Patients attending are expectant mothers booked for institutional confinements as well as mothers booked for home confinements.

In all, 144 individual expectant mothers attended during the year and made a total of 607 attendances.

These figures refer specifically to pre-natal attendances.

20 post-natal patients attended and made 23 total attendances.

It is pointed out here that attendances at Local Authority pre- and post-natal clinics are falling, due to the alternative provision made for expectant mothers under the National Health Service Act.

In many cases expectant mothers receive this care in hospitals where they are booked for their confinements and in other cases they receive this care from their own doctors as an additional benefit under the National Health Service.

MATERNAL MORTALITY.

No death was recorded in 1953 and consequently no comparison with National Returns can be made. In any year where a maternal death occurs, owing to the relatively small number of annual births, the comparative figure appears an unduly high one.

PREMATURE BABIES.

Premature babies are babies born with a birth weight of 5 $\frac{1}{2}$ lbs. and under. Such infants are specially susceptible to risks of early life and have a high death rate unless special provision for care and nursing is given. To ensure this, certain midwives are specially trained in the care of premature infants and are on immediate call to take over such nursing care, leaving the care of the mother to the midwife originally in attendance.

Additionally, special nursing equipment (a cot, special heating arrangements, oxygen, etc.) is kept available for the immediate use of the nurses in dealing with these infants when they are born in domiciliary practice.

Below is given a Table showing the premature infants which were notified to the Health Department in 1953 (including still-births which were deemed to be premature).

WEIGHT AT BIRTH. LBS.	NO. OF PREMATURE BIRTHS.		NUMBER DYING DAYS AND HOURS OF SURVIVAL.	NUMBER SURVIVING 28 DAYS
	BORN ALIVE	BORN DEAD (OF OVER 28 WKS. DURATION OF PREGNANCY)		
Under 2 $\frac{1}{2}$	1	3	1 lived 10 mins	-
2 $\frac{1}{2}$ - 3	2	1	-----	2
3 - 3 $\frac{1}{2}$	-	1	-----	-
3 $\frac{1}{2}$ - 4	2	1	-----	2
4 - 4 $\frac{1}{2}$	5	-	-----	5
4 $\frac{1}{2}$ - 5	3	1	-----	3
5 - 5 $\frac{1}{2}$	3	-	-----	3
TOTALS	16	7	1	15

INFANT WELFARE CLINIC.

This clinic, which is held for infants from birth up to school age, is established in Croft House.

Dr. Coad attends each session to see parents and to examine the infants and toddlers attending, and to offer advice to the mothers.

There is a helpful and efficient Voluntary Committee who help in the social work of this clinic.

During the year 1953, a total of 598 children were in attendance. These were individual children and of these the under 1 year of age children made a total of 2,975 attendances and the over 1 year of age toddlers made a total of 1,542 attendances
a grand total of 4,517 attendances.

These figures indicate well the useful work carried on at this Infant Welfare Centre.

VENEREAL DISEASE.

Cases of Venereal Diseases are reported to the Health Department from time to time.

Free treatment and advice is readily and freely available at General and Special Hospitals in the neighbouring County Borough of Dewsbury and of Wakefield and also in Leeds.

Treatment is confidential and free of cost to the patient.

SCHOOL HEALTH SERVICE.

At the 31st December, 1953, the number of children in the schools in Ossett is recorded as 2,449.

This is a slight decrease from the figure for 1952 which was 2,554.

MEDICAL INSPECTIONS.

Periodic and other inspections were carried out in the various schools in the Borough and a summary of this work is shown in the following table :-

<u>SCHOOL.</u>	NUMBER OF SESSIONS.	NO. OF CHILDREN SEEN.	
		ROUTINE	NON ROUTINE
South Ossett C. of E.	9	147	31
Gawthorpe Infants	9	151	23
Gawthorpe Mixed	6	111	15
Southdale Sec. Modern	2	57	--
Holy Trinity Infants	3	56	12
Southdale Infants	3	58	38
St. Ingatius' R.C.	2	17	24
Spa Street	2	14	15
Flushdyke	1	20	--
	37	631	158

During 1953, periodic inspections were carried out in three age groups - entrants, an intermediate group at 11 years, and school leavers.

It is proposed, in future years, to include a fourth periodic group inspection, related to the age of leaving the infant school.

Additionally, further inspection groups will be included in periodic examinations carried out at the Grammar School at Ossett. This will be referred to in the Annual Report for 1954.

Nutrition.

	A (Good)	B (Normal)	C (Poor)
Entrants	52	267	26
2nd Age Group	29	165	16
3rd Age Group	17	58	1
	<u>98</u>	<u>490</u>	<u>43</u>
	(15.53%)	(77.65%)	(6.82%)

Cleanliness Inspection.

School Nurses visit the various schools once in each term and examine each child in attendance for verminous or uncleanly condition.

Where children are found to be uncleanly or verminous, the parents are informed and treatment may be offered or advised.

Where verminous conditions are found and the child is thought to be a possible source of infection to other children, then the child is excluded from school attendance. In bad cases, cleansing of verminous children is undertaken by the Local Health Authority, or other measures taken.

The following table is a summary of the work undertaken by the School Nurses in this connection during the year and a statement of the findings from these inspections :-

CLEANLINESS.

SCHOOL.	No. of children on register.	No. of individual children found to be infested.	Percentage of individual children infested.	
			1952	1953
Southdale Modern	631	12	1.6	1.85
St. Ingatius' R.C.	106	2	-	1.88
Spa Street	159	9	4.11	5.66
Flushdyke	246	11	3.21	4.47
South Ossett	226	13	2.11	5.75
Gawthorpe County	405	30	8.42	7.41
Holy Trinity C.E.	326	10	-	3.26

SCHOOL CLINIC.

Sessions

219

Attendances.

3855

An average of 17 per session.

SCHOOL CLINIC SERVICES.

There is a Central School Clinic at Croft House, Ossett.

The clinic provides for the treatment of minor ailments.

This clinic is used for the special examinations of children which have to be carried out from time to time by the Medical Officers of the Authority.

Additionally there is a Specialist Eye Clinic where refractions are undertaken.

There are no facilities for Ultra Violet Light treatment or other special or specialist clinics, but there is a Speech Therapist of the Local Health Authority who attends part-time for the treatment of children from the whole of Division 13.

Also in Croft House provision is made for the Infant Welfare Centre and for Pre- and Post-Natal Clinics.

It is recorded that 271 sessions were held for the minor ailment treatment and general clinic in 1953 and that there were 4,010 attendances of children for inspection or for treatment, an average of 15 attendances on each clinic session.

HOME HELP SERVICE.

Again there has been an increase in the Establishment of Home Helps authorised by the County and approved by the Ministry.

There is a considerable demand for the services of Home Helps and no doubt this service will continue to expand.

The demand is largely for maternity cases, either institutional or domiciliary, and for the elderly infirm or chronic sick.

In the case of the elderly infirm and chronic sick, the effective provision of Home Help is a considerable factor in ensuring economy at a difficult time with Institutional beds.

The services of Home Helps available were allocated in Ossett during the year 1953 as follows :-

Tuberculosis.....	1
Chronic sick	72
Maternity	33
Other unclassified	18
	<hr/>
	124

MENTAL HEALTH.

There were eight mentally defective persons under statutory supervision in their own homes on 31st December, 1953. Three other defectives were under voluntary supervision until November when one was found to have removed and could not be traced and another had to be re-admitted to hospital because of unsatisfactory conduct. A second patient was admitted to hospital because his parents were dead and adequate home care could not be provided.

Seven patients referred from mental hospitals for after-care were visited until their recovery was complete.

S E C T I O N C.

SANITARY CIRCUMSTANCES OF THE AREA.

(a) Water Supply.

There are two water supplies; the Pildacre Works supplies from a well and additionally water is obtained from Batley Corporation.

There is a further arrangement whereby water can be obtained from Wakefield City. Supply of local circumstances call for this additional water.

During 1953 there has been no difficulty with water supplies, which have been sufficient in quantity and satisfactory in quality.

22 samples of the mains water were submitted for analysis; 11 for bacteriological and 11 for chemical examination.

In respect of all of the 22 samples, satisfactory reports were received.

All houses in the Borough (4,832) are now on mains supply.

(b) Drainage and Sewerage.

The Borough is satisfactorily served and except for some small areas, all houses and premises are connected to the mains sewers.

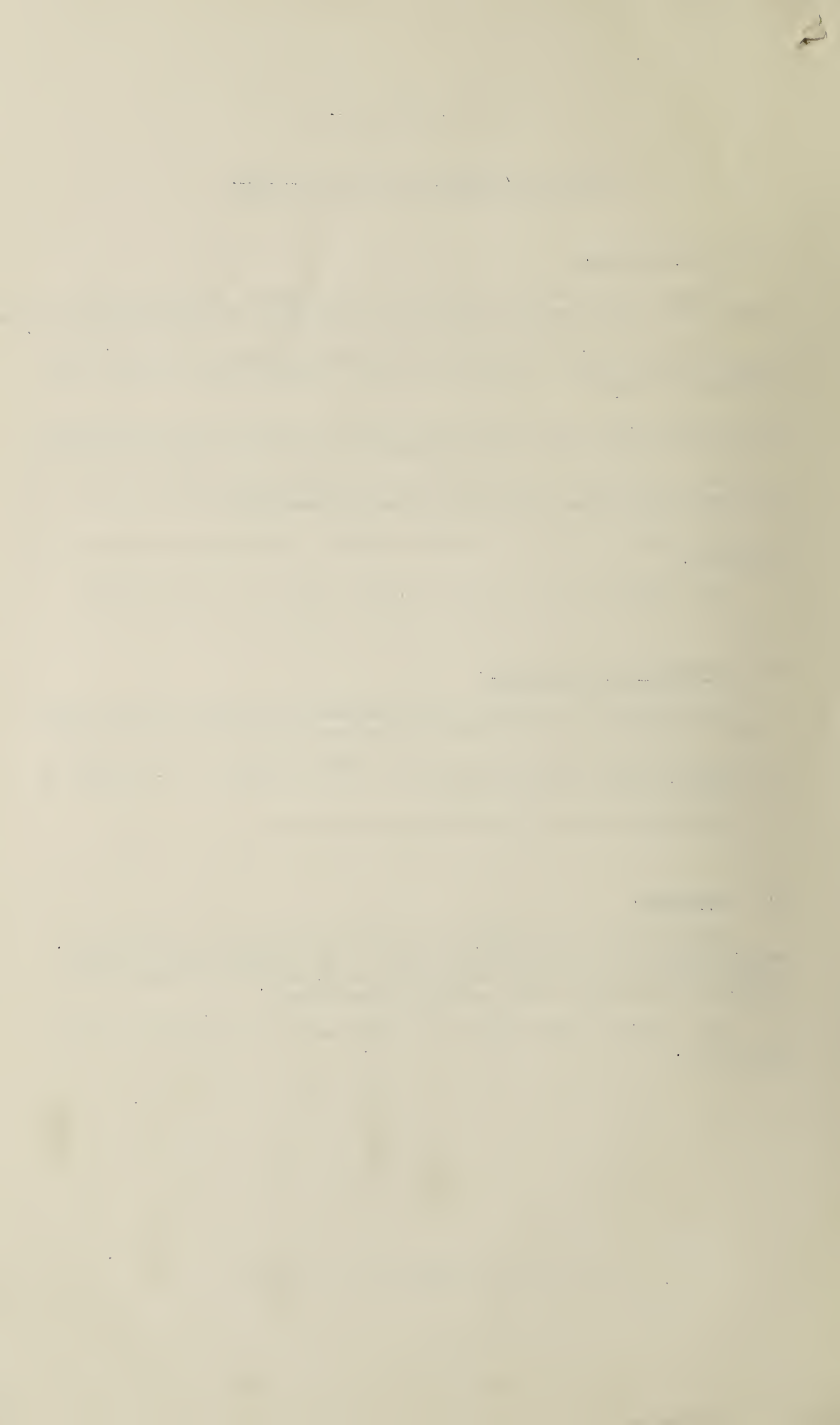
Improvements and extensions in 1953 included the extension to the Council Estate (Manor Lane).

Additional manholes have been constituted.

(c) Housing.

Again 1953, the housing policy of the Council in respect of unfit houses has been continued and it is recorded that in 1953, representations were made in respect of 34 houses and during the year 23 unfit houses were actually demolished.

The position with regard to overcrowding has improved during the year.



(b) Notifiable Infectious Diseases other than Tuberculosis.

Cases were notified to the Department in 1953 as follows:-

	0 - 1	1 - 2	3 - 4	5 - 9	10 - 14	15 - 24	25 and over	No. of cases	Removed to hospital	
Puerperal Pyrexia						1	1	2	1	
Scarlet Fever	1	-	2	11	-	1	-	15	6	
Whooping Cough	2	9	13	7	-	-	-	31	-	
Measles	9	46	75	105	-	2	-	237	-	
Pneumonia	-	-	-	-	-	-	1	1	-	
Dysentery	-	-	-	-	-	-	1	1	1	
Food Poisoning	-	-	3	2	1	-	6	12	-	
Poliomyelitis	-	-	1	2	-	2	-	5	4	

Diphtheria Immunization.

Again, this work has been proceeding in the Borough, but unfortunately with falling numbers of acceptances and treatments.

During 1953, 188 children received a full treatment and 219 children received a reinforcing or booster treatment - generally at the commencement of school life when a higher rate of infection is presumed to exist.

In 1952, 249 children received a full treatment and 292 received reinforcing doses.

The present position is that 58% of the child population is now presumed to be protected against diphtheria infection as compared with 60% shown in the last Annual Report.

These figures are too low for adequate protection but nevertheless they represent the response to intensive personal and other propaganda.

In the absence of cases of diphtheria, and this has been the position for some time now, some falling off in numbers has been the general experience in the country.

Vaccination against Smallpox.

Vaccinations of local residents during the year, recorded in the Divisional Office amounted to 277.

Additionally 177 persons were re-vaccinated during 1953.

In 1952 there were 26 primary vaccinations and 9 re-vaccinations.

Summary of vaccinations, 1953:-

<u>Primary.</u>	Under 1 year of age	32
	Aged 1 - 4 years	77
	Aged 5 -15 years	79
	15 years and over	89
	Total	<u>277</u>
	Re-vaccinations	<u>177</u>
	Total	<u>454</u>

This sudden jump in numbers in 1953 is related of course to the outbreak of severe smallpox in the West Riding in 1953 when there was a number of cases and a high death rate.

No case of smallpox occurred in Ossett and consequently the figure of 454 vaccinations is low relative to the resident population.

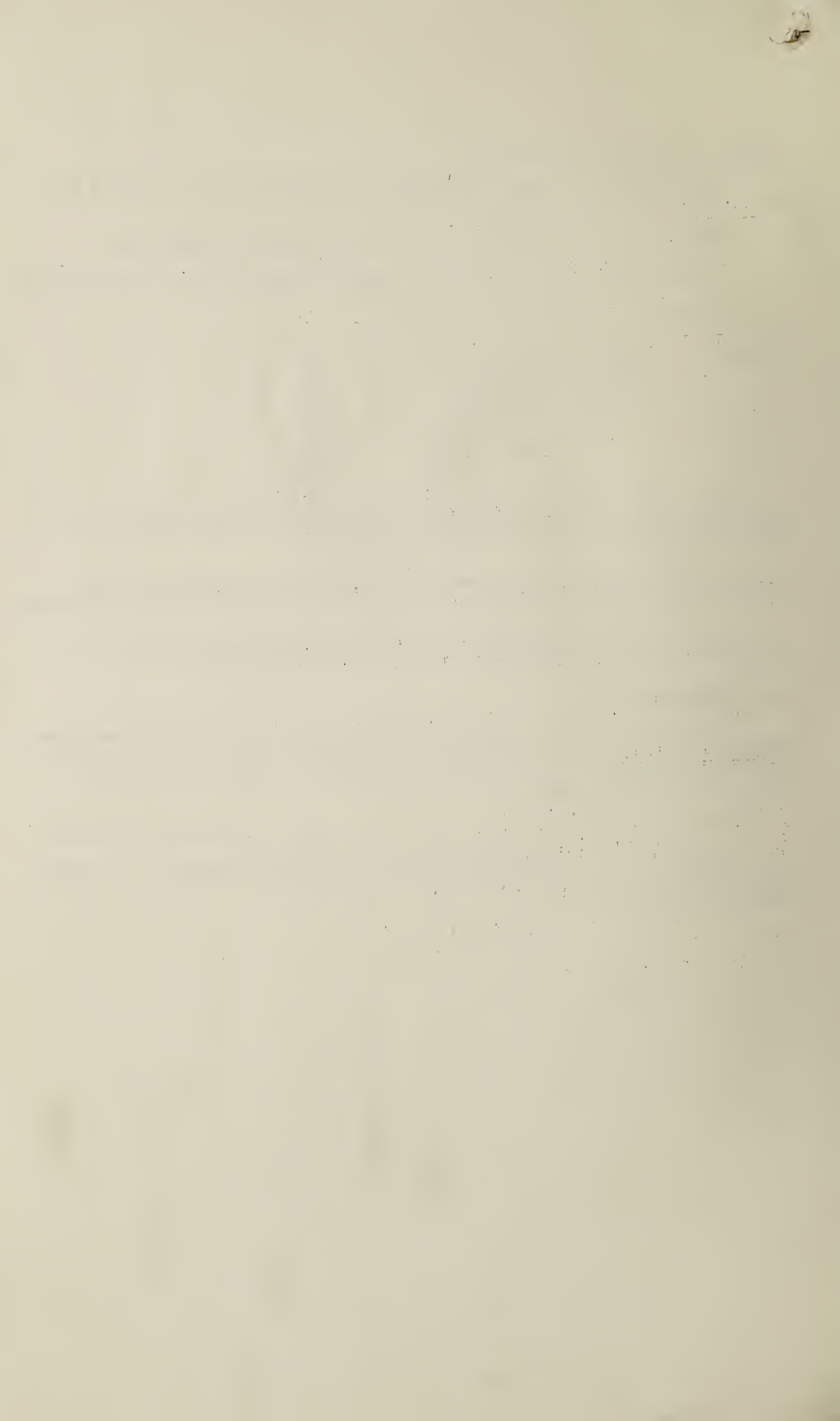
In areas where cases did occur, the percentage of the resident population seeking protective treatment was much higher.

Food Poisoning.

Twelve cases of food poisoning were reported. Six of the cases represented an extension of an outbreak which occurred in a neighbouring County Borough. The infecting organism in these cases was *Salmonella Typhi-Murium*.

The cases were not of a very severe type and no death occurred.

The further cases coming to notice were more obscure - in these mild symptoms and illness only were reported and no organism responsible was identified.



SECTION D.

Prevalence of and Control over Infectious Diseases.

Notifiable Infectious Diseases, including Tuberculosis.

(a) Tuberculosis.

16 new cases of pulmonary and non-pulmonary tuberculosis were notified in 1953.

The following table is an analysis of these cases:-

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Pulmonary Tuberculosis	6	2	8
Non-pulmonary Tuberculosis	<u>0</u>	<u>4</u>	<u>4</u>
	<u>6</u>	<u>6</u>	<u>12</u>

A number of cases were removed from the Register during the year either through removal or death or otherwise on the advice of the Chest Physicians:

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Pulmonary Tuberculosis	9	6	15
Non-pulmonary Tuberculosis	<u>2</u>	<u>3</u>	<u>5</u>
	<u>11</u>	<u>9</u>	<u>20</u>

The following table shows the position at the end of the year:-

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Pulmonary Tuberculosis	22	12	34
Non-pulmonary Tuberculosis	<u>11</u>	<u>16</u>	<u>27</u>
	<u>33</u>	<u>28</u>	<u>61</u>

There is no Chest Clinic in Ossett and patients from this area attend the clinics in Dewsbury and in Wakefield. These clinics are conducted by the Consultant Chest Physician Staff of the Hospital Board and a close working liaison exists between the Clinics and the Divisional Office.

Domiciliary visiting is carried out by the Health Visitors of the Local Health Authority, and domiciliary supervision and care is similarly exercised.

Recently a scheme has been adopted by the Local Health Authority and approved by the Ministry, whereby protective treatment of a further selected group will be undertaken with B.C.G. Vaccine. The selected group referred to is that of schoolchildren in the year before they would normally leave school, that is when they are aged 13 years. The choice of this year was determined by the high incidence rate of tuberculosis in young adolescents and by the full year following B.C.G. immunization during which those treated would be under a close medical supervision from the Department's Medical Staff.

